204728

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB (6-02)control number.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1

SEC	USE ON	1LY		
Prefix		Serial		
DATE RECEIVED				

THOMSON FINANCIAL.

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Vital Link Financial Services, LLC

Filing Under (Check box(es) that apply):

[ ] Rule 504 [ ] Rule 505 [ X] Rule 506 [ ] Section 4(6) [ ] ULOE

Type of Filing: | New Filing {x}Amendment

A. BASIC IDENTIFICATION DATA



1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indiciate change.)

Vital Link Financial Services, LLC

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number

(Including Area Code)

12000 NE 8th Street, Bellevue, Washington 98005

206-963-4101

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

To purchase and lease equipment and to lend money to health care related hardwar and software provider, Vital Link.net, Inc.

Type of Business Organization [ ] corporation [ ] business trust	[ ] limited partnership, already formed [ ] limited partnership, to be formed	<pre>fxtother (please specify):   limited liability compar</pre>
	Month Year corporation or Organization: [] [] [] [] Organization: (Enter two-letter U.S. Postal Se	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years:
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter fxj Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name	e first, if individual)		
Walsh, Charles	Ε.		
	e Address (Number and Street, reet, Bellevue, Washingt	•	e)
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last name Buchanan, Denn	e first, if individual)		
	ce Address (Number and Street, reet, Bellevue, Washing	• • • • • • • • • • • • • • • • • • • •	de)
Check Box(es) that Apply:	[χ] Promoter (χ] Beneficial Owner	[ ] Executive Officer	[ ] Director [< ] XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Full Name (Last nam Wardall, Thad	•		
	ce Address (Number and Street treet, Bellevue, Washing		de)
Check Box(es) that Apply:	[ XXPromoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last nam Frank, Gary H.	•		
Business or Resider	nce Address (Number and Stree	t, City, State, Zip Co	ode)
19612 NE 44th	Place, Sammamish, WA 98	074	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner
Full Name (Last nar	me first, if individual)		
Business or Resider	nce Address (Number and Stree	et, City, State, Zip Co	ode)
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing

Full Name (Last name first, if individual)

ull Nam	ne (Last n	ame f	irst, if Indi	vidual)								
Business or Residence Address (Number and Street, City, State, Zip Code)												
Check Box(es) that [ ] Promoter [ ] Beneficial [ ] Executive [ ] Director [ ] General and/or Apply: Owner Officer Managing Partner												
-ull Nan	ne (Last r	name	first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·							
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	(Us	e bla	nk sheet,	ог сору	and use	additi	onal cop	pies of t	his shee	t, as nec	cessary.	)
				B. (	INFORMA	NOIT	ABOUT	OFFERI	NG			
2. Wha 3. Doe 4. Entedirectly connect person the na	g?  at is the m s the offe er the info y or indire ction with n or agent me of the	ring p rmatio ctly, a sales of a t broke	Answer An	er also in nent that cowners ted for e ission or ies in th dealer re er. If mor	Appendia will be act hip of a si ach person similar re e offering egistered vare than five	x, Coluccepted and who emuner If a pewith thee (5) pe	mn 2, if form an anit?	iling und y individ  n or will I solicitati be listed d/or with	er ULOE ual?  pe paid o on of pur is an ass a state of d are ass	or given, ochasers cociated or states	\$ <u>5</u> Yes [XX in , list	0,000 s No
	•		e first, if in	dividual)								
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					ividual S				FL) [MI] [OH]	[ [GA] [MN] [OK] [WI]	] All S [HI] [MS] [OR] [WY]	states (ID) (MO) (PA) (PR)

Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... ] All States ſ [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [Al] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [OH] [OK] [OR] [PA] [ND] [RI] [SC] [SD] [TN] [XT] [UT] [VT] [VA] [WA] [WV][W] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... ] All States [GA] [AL] [AK] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [HI] [ID] [AZ] [IL] [IN] [AI] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [OR] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA] [MT] [NE] [NV] [RI] [SC] [TX] [UT] [VA] [WA] [WV] [WI] [WY] [PR] [SD] [TN] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security
Debt
Equity
[ ] Common [ ] Preferred
Convertible Securities (including warrants)
Manna B. Units
Other (Specify <u>LLC Class A Units</u> ).
Total
Answer also in Appendix, Column 3, if filing under ULOE.

Aggregate Offering Price	Amount Already Sold
\$	\$
\$	\$
\$	\$
\$2,400,000	\$ 700,000
\$ 100,000	\$ 50,000
\$ 2,500,000	\$ 750,000

Aggregate

2. Enter the number of accredited and non-accredited investors who
purchased securities in this offering and the aggregate dollar amounts of
their purchases. For offerings under Rule 504, indicate the number of
persons who have purchased securities and the aggregate dollar amount
of their purchases on the total lines. Enter "0" if answer is "none" or
'zero."

	Number Investors	Dollar Amount of Purchases
Accredited Investors		\$
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		<b></b> \$
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		_\$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[ ]\$
Printing and Engraving Costs	XXI\$ 1.000
Legal Fees	XXI\$ 23.500
Accounting Fees	XX \$ 500
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	XX]\$ 60,000
Other Expenses (identify)	[ ]\$
Total	XXI\$ 85,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

\$ 2,415,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to Officers, Payments

Directors, & To

	Affiliates	Others
Salaries and fees	[] \$	[] _\$
Purchase of real estate	[]	[]
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[] \$
Construction or leasing of plant buildings and facilities	[ ] \$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	[]
Repayment of indebtedness	[] \$	[] \$
Working capital	[] \$	ξχ _ \$25,000
Other (specify): Loans to Vital Link.net, Inc.	[] \$	XX \$2,390,000
and possible additions to working capital	[] \$	[]
Column Totals	[]	χχ \$2,415,000
Total Payments Listed (column totals added)	X[X]\$2	.415,000

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature Date
Vital Link Financial Services, LLC	Signature Date 4/7/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Thad E. Wardall	Manager

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## E. STATE SIGNATURE

Form	D

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1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [ ] [X]X
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date			
Vital Link Financial Services, LLC	Mar Barbar 4/7/03			
Name of Signer (Print or Type)	Title (Print or Type)			
Thad E. Wardall	Manager			

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

1	2		3			4		5 Disqualif	ication
	Intend t to non-acc investors (Part B-I	credited in State		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	•	Number of Non-Accredited Investors	Amount	Yes	No
AL								<del></del>	
AK		Χ	Class A & B L	LC Units			]		Χ
AZ			up to \$2,500,	000					
AR									
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